

Case Number:	CM15-0084521		
Date Assigned:	05/06/2015	Date of Injury:	03/31/2014
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male, who sustained an industrial injury on 3/31/2014. He reported injury from stepping into a gap between a dock and a truck ramp and fell. The injured worker was diagnosed as having right leg and bilateral arm contusion, post-traumatic myofascial pain syndrome and right leg sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, functional restoration program, yoga and meditation and medication management. In a progress note dated 3/20/2015, the injured worker complains of tenderness, pain and swelling in the right leg. The treating physician is requesting functional restoration program for 2 weeks (10 days) for the right leg. Physical examination has revealed near full range of motion bilateral upper and lower extremities and 5/5 bilateral upper and lower extremity strength. He has tenderness and swelling of the right leg and walks with limp due to right leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Restoration Program (FRP) x 2 weeks (10 days) for the right leg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: Per the MTUS guidelines, chronic pain programs (functional restoration programs) are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. The medical records note that the injured worker has learned pain coping mechanisms in the functional restoration program. The medical records do not establish significant objective functional deficits that would support additional treatment. Physical examination has revealed near full range of motion bilateral upper and lower extremities and 5/5 bilateral upper and lower extremity strength. The medical records do not establish that the injured worker is unable to safely and effectively perform a home exercise program. The injured worker should at this point be able to perform a home exercise program and apply pain coping mechanisms he has learned in the functional restoration program and the request for additional treatment is not supported. The request for Functional Restoration Program (FRP) x 2 weeks (10 days) for the right leg is not medically necessary or appropriate.